LOOE URBAN DISTRICT COUNCIL

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THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR

1969

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URBAN DISTRICT COUNCIL OF LOOE

To the Chairman and Members of the

Looe Urban District Council

Mr. Chairman, Ladies and Gentlemen,

During the year which ended on 30th June 1969 the estimated population of the No. 7 Health Area showed an increase of 700 to a total of 52,760. Of the six County Districts in the Health Area the Borough of Saltash showed the greatest increase at 250, whilst at the low end of the scale the figure in the Looe Urban District was limited to 10.

Live births during 1969 totalled 810, an increase of 67 over the 1968 figure, and the largest number registered since 1948. This produced a corrected birth rate of 18.6 per 1000 of population some 2.3 per 1000 above the national figure. Of these 810 live births 54 were illegitimate giving a percentage of 6.7 as compared with 7.1 per cent in the preceeding year. Deaths of infants under one year of age totalled 13 which gave an infant mortality rate of 16.0 per 1000 live births. As is usual 10 of these 13 infants did not survive the critical first four weeks of life and 8 of these did not live for more than one week. No deaths resulting from the complications of pregnancy, childbirth or the puerperium occurred during 1969.

During the year there were 734 deaths, an increase of 28 on the figure for 1968. The corrected death rate of 11.4 per 1000 of population was slightly below the national death rate. Again the most prevalent cause of death was heart disease which was responsible for 36% of all deaths. Cancer caused just over 21% of all deaths, and strokes were responsible for 16% of all deaths. Of the defined forms of cancer, that affecting the lung/bronchus was most prevalent, and caused 28 deaths, a reduction of 6 on the corresponding total for 1968, but still a high toll from a disease which is largely preventable.

Whilst the overall incidence of notifiable disease was only moderate - 313 cases giving an attack rate of 5.82 per 1000 of population - two troublesome minor epidemics were seen during the year. In and around Pelynt in the Liskeard Rural District there were at least 31 cases of scarlet fever, and in the adjoining Urban District of Looe a further 27 cases were notified. In addition many more children and some adults who did not show the rash of scarlet fever, suffered from tonsillitis and impetigo both of which are caused by the same organism which causes scarlet fever - streptococcus pyogenes. The main weight of this outbreak fell on children attending the Pelynt Infant and Junior School. In an endeavour to halt or slow down the spread of this infection throat and nose swabs were taken from all children actually attending the school on the several occasions when it was visited, and children found to be carrying the causal organism were excluded for appropriate treatment. As an ancillary measure the school was closed for the two weeks immediately preceeding the normal Easter school holiday. When after this period of five weeks the school re-opened some children were still found to be carrying the infection, and some few more cases of scarlet fever, and tonsillitis occurred, but by the end of April almost all of this infection had disappeared. Some types of streptococcus are capable of causing more serious disease which can permanently damage the kidneys and the heart, but fortunately these types were not encountered during this outbreak.

During the second and third quarters of the year there was an unpleasant outbreak of infective jaundice which was largely confined to the Borough of Liskeard with a small number of cases in the adjoining parts of the Liskeard Rural District. One case which occurred in the St. Germans Rural District was a more virulent form of this infection, and caused the death of an 18 year old female.

This disease is thought to be due to a virus as yet not positively identified. The precise means of spread are not known, but it is believed that human faeces carry the infection, and the possibility of spread by droplet infection from the upper respiratory tract cannot be ruled out. Children are commonly affected and in many cases may not show obvious signs of the infection and in consequence the infection is not recognised. Nevertheless such sub-clinical cases are capable of acting as links in the chain of infection and passing on the disease to others. It is also possible that in the early stages of infection before the disease clearly declares itself, the patient may infect others before he or they are aware that he is in the early stages of the disease. These and other factors make it difficult to control the spread of disease, and one is driven back on the advocasy of stricter personal and general hygiene when the disease is prevalent, and especially if one is in contact with or caring for children or adults suffering from a vague illness which may well be the early stages of an attack of infective jaundice.

Whilst tuberculosis is no longer a crippling and lethal disease its occurrence cannot be viewed lightly or with lack of concern. Not so many years ago there were those who felt that in a relatively short time this disease would be no more than an unpleasant memory. These hopes have proved to be too optimistic, and after early large reductions in the prevalence of this disease, gains in recent years have been much less spectacular, and it is now clear that we must expect to have tuberculosis as a disease to be reckoned with for many years to come. As appears to be the case generally progress in reducing the number of newly discovered infections in thisHealth Area has been disappointingly slow in the last few years, and instead of the hoped for steady downward trend the totals of new cases have fluctuated up and down over the past seven years. Thus in 1969 the total of 13 new cases notified was one more than the corresponding figure for 1968, and appreciably above the lowest total so far recorded of 9 cases in 1965. As is almost always the case nowadays the majority of the new infections occurred amongst males over the age of 45 years. It seems likely that such cases are due to the re-activation of an infection which may have occurred in earlier life. Causing little or no illness at that time it may not have been recognised as a tuberculosis infection, and would have remained dormant and inactive for many years before emerging as a recognisable disease in later middle age or old age.

In the past couple of years attention has been increasingly and more sharply focussed on the way in which the human animal is polluting and in many cases destroying the environment essential to the support, enjoyment, and even the continued existence of life in its many forms. Two great forces exert the main pressures against the environment we share with animal and plant life. The first, and presently probably the strongest of these is modern technology in the almost infinite variety of ways in which it manifests itself and is used. Those which spring most readily to mind are the chemical substances which are so widely used in agriculture and horticulture. Whilst their basic purpose in controlling pests and plant disease, and in improving crop yields is good and desirable, the harmful side effects and long term effects associated with their use so outweigh the advantage of using them that either they have to be used selectively and with great discretion, or in certain cases they have to be withdrawn or their use banned. Some of the large plants in which such chemicals and many others are manufactured produce waste material the disposal of which presents great problems. Traditionally such waste products have been turned into watercourses with the result that in some areas where industrial undertakings large in size and output, and perhaps also numerous operate, local streams, rivers and in some cases lakes have become heavily, and often dangerously polluted. This has produced conditions in which the normal fauna and flora of the water are reduced in number, and variety, and ultimately cease to exist. In other instances where fish can continue to live they may accumalate in their bodies levels of chemicals which are toxic to human beings if such fish are eaten.

The disappearance of the normal water plants, and weeds is frequently followed by a great proliferation in slimy green algae and fungi which further degrade and destroy the watercourse involved giving it the character of a disgusting and stagnant ditch. Streams, rivers, and lakes are amongst the most pleasant features in our natural environment, and afford valuable outlets for recreation. Additionally with the growth in population and industry these as sources of water supply are assuming an importance which increasesyear by year. This consideration is more likely to be a compelling and urgent indication that this particular aspect of environmental pollution be brought under control than the pure amenity aspect of the problem. In the long run this, and indeed most forms of environmental pollution arise because we as individuals and communities expect, and in a large part achieve higher and more sophisticated standards of living. There is nothing inherently wrong in this demand for a so-called higher standard of living, but we must not turn our backs on the undesirable by-products which result whether in the pollution of land, and water from industrial activities, the pollution of the atmosphere by gaseous discharges, the despoilation of open spaces by the deposit of household refuse, and unwanted domestic hardware or the ever rising tide of noise that assaults and batters our senses and our peace of mind. Reducing and eventually preventing pollution will not come about without the expenditure of money, in some cases very large sums indeed. If industry has to spend money on this, all or a large part of the expense involved will be passed on to the consumer by way of higher prices for goods and services. If such price increases reduce the ability of an industry to be competitive in overseas markets,it may well be necessary to subsidise measures to control and abate the pollution it creates. One way or another we all face the inescapable conclusion that solving this problem will cost us something.

On the personal level we must be clearly aware of the increasing amount of pollution we as individuals contribute to our environment in shape of household refuse and discarded hardware. The volume and diversity of this increases not only because population grows, but also because affluence and higher living standards give rise to more refuse per head of population. Modern methods of containing, wrapping, and presenting goods whilst excellent for that purpose, do by virtue of the almost indestructible properties some of them possess present quite a problem in their disposal. The increase in the number of non-returnable containers for solid and liquid commodities of all sorts adds further to the volume of unwanted material to be collected from private houses, and trade premises. As a consequence of all this, areas suitable for the tipping of refuse, which are already most difficult to find even in lightly populated rural districts, are having their life drastically reduced. I have for some time felt that refuse disposal is an increasingly serious problem to which insufficient thought and concern has so far been given. More enquiry and research on the two main facets of this problem is called for. We must look at ways and means of reducing the volume of refuse produced per head of population even if this involves some reduction in the durability and relative indestructibility of packages and containers or their replacement by some material which can be disintegrated or destroyed more readily. At the other end of the process more efficient handling of refuse at the tipping site including methods of bulk reduction, and destruction where possible will have increasingly to be used. The inevitable result of this will be some increase in the cost of this service. As a footnote I might add that as much of additional refuse produced consists of inert non-prutrescible material it presents a greater threat to amenity and civilised living conditions than to the health of the community.

During the year an interesting if rather unusual aspect of food hygiene came to notice. Elsewhere in the country close on 40 people were infested with liver fluke. This leaf-like worm normally attacks the sheep in which it causes liver rot. As the development of flukes calls for damp conditions and water, vegetation in the vicinity of streams and ponds in fields containing sheep is in danger of having on it encysted forms of the young fluke. Included with grass and other plant life to which flukes attach themselves is watercress. If watercress from such a location - usually referred to as "wild" watercress - is eaten by human beings the fluke will infest the human liver making the person concerned ill.

A certain amount of this "wild" watercress is still gathered and consumed or is sold to shops, hotels, and catering establishments and consumption of this type of watercress was implicated in the outbreak of fluke infestation referred to above. An additional hazard of eating watercress from uncontrolled sources is that of contracting food poisoning because the plant may have been contamined by foul drainage from sewage disposal works, septic tanks, farmyards, fields, and roads. Whilst this latter form of contamination can be largely removed by vigorous washing of the cress in running water, the encysted young flukes are very firmly cemented to leaves and stems and are not normally loosened or dislodged until the watercress is eaten. Clearly any watercress eaten should come from reputable sources and growers where the conditions under which it is grown are properly controlled, and shops, hotels, and catering establishments have a clear duty to ensure that clean and safe supplies only of this popular commodity are offered to the public.

In closing this general preface I should like to take the opportunity of expressing to Members and Officers of the six County District Councils concerned my sincere thanks for the support and assistance afforded me in carrying out the duties of my appointment.

I have the honour to be

Mr. Chairman, Ladies and Gentlemen

Your obedient Servant,

P. J. FOX

Medical Officer of Health.

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LOOE URBAN DISTRICT COUNCIL

HEALTH & HIGHWAYS COMMITTEE

Councillor Mrs. M.E.S. Couch, J.P., C.C. — Chairman

Councillor E. Williams — Vice-Chairman

HEALTH OFFICERS OF THE AUTHORITY

P.J.Fox, M.D., B.Ch., ~~B.O.A.~~ B.A.O, D.P.H. - Medical Officer of Health.

Health Area Office,
West Street,
Liskeard,
Cornwall. Liskeard 3373

J.E.Harvey, M.A.P.H.I., - Public Health Inspector.

The Guildhall,
Fore Street,
EAST LOOE,
Cornwall. Looe 2255/6

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URBAN DISTRICT OF LOOE

Area of Urban District:	1,650	acres
Population:	4,070	
Number of Inhabited Houses:	1,815	
Rateable Value (as at 1.4.70)	£205,932	
Product of Penny Rate (as at 1.4.70)	£848	

Vital Statistics for 1969

	Male	Female	Total
Live Births	29	29	58

	Looe U.D.	Health Area No. 7	England and Wales
Birth rate per 1,000 of population	19.9	18.6	16.3

Still Births None registered.

	Male	Female	Total
Deaths:	33	35	68

	Looe U.D.	Health Area No. 7	England and Wales
Death rate per 1,000 of population	10.0	11.4	11.9

	Male	Female	Total
Death of infants under one year of age	-	1	1

	Looe U.D.	Health Area No. 7	England and Wales
Infant mortality rate per 1,000 live births:	17.0	16.0	18.0

Principal Causes of Death at All Ages:

Heart Disease	28
Cancer (all sites)	16
Stroke	12
Respiratory Disease	7

During 1969 the pattern which is usual in Looe of an excess of deaths over births was again seen. Of the 58 live births 5 were illegitimate - a percentage figure of 8.6. Of the defined forms of cancer causing death, cancer of the intestine and cancer of the breast were most numerous. Of those dying during the year 44% had reached or exceeded the age of 75 years at the time of death.

Notifiable Disease (other than tuberculosis)

Because of an outbreak of scarlet fever associated with a similar outbreak in an adjoining part of Liskeard Rural District there was an increase in the total of this group of diseases notified. Of the total of 39 cases, 27 were cases of scarlet fever. The four cases of dysentery were confined to members of one family. None of the more serious forms of notifiable disease occured.

The following are details of numbers and case rates for this group of diseases:-

		Rate per 1,000 of population	
Disease	Cases	Looe U.D.	Health Area No.7
Scarlet fever	27	6.64	1.13
Measles	8	1.97	2.49
Dysentery	4	0.98	0.07

Tuberculosis:

One case only of this disease was notified during the year. The person involved was a 61 year old male, and the infection was of his respiratory system.

At the end of 1969 there were 8 known cases of respiratory tuberculosis - all males - and 3 known cases of other forms of tuberculosis resident in the Urban District.

Water Supply:

A general adequate supply of wholesome water was provided by the East Cornwall Water Board.during the year.

Sewerage & Sewage Disposal:

There is a good prospect that work will commence in the latter part of 1970 on a comprehensive scheme to serve the greater part of the Urban District.

Food:

In the 90 catering establishments and shops which handle food a good standard of food hygiene was reached and maintained.

No case of food poisoning was notified during the year.

Refuse Disposal:

The present arrangements which involve the burning of refuse on the tip face during the summer months, cannot be accepted as satisfactory. As the Public Health Inspector states the solution will probably lie in the adoption in the future of more advanced methods of refuse disposal and destruction by co-operation and sharing of facilities by several authorities.

Factories Act, 1961:

No difficulties in the operation of this Act were encountered during 1969.

National Assistance Act 1948:

No action under Section 47 of this Act was called for during the year. The circumstances, and living conditions of one elderly female did give cause for considerable concern, and if they cannot be improved it seems likely that action under this head cannot be long delayed.

Report of Public Health Inspector:

This report by Mr. J.E. Harvey follows. I wish to express to Mr. Harvey and other Officers and Staff at the Guildhall my thanks for the help I have received during the year.

LOOE URBAN DISTRICT COUNCIL

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Report of Mr. J.E.HARVEY
Surveyor & Public Health Inspector

HOUSING

The Council did not undertake building any new houses, but three, three bedroomed houses were converted into one bedroomed flats at Woodlands View.

Building was again restricted to areas which do not drain into the Looe River, this accounts for the fact that only ten new houses were erected in the town.

No formal action was necessary under the Housing Acts but five complaints were successfully dealt with informally.

Two Standard Grants were made during the year, the total amount involved was £276.19.6.

SEWERAGE & SEWAGE DISPOSAL

The Council resolved to go ahead with a Conventional Type Sewage disposal Plant and necessary sewerage works. The work is timed to commence during the Autumn of 1970.

The existing means of disposal is in the main by discharging crude sewage into the river and sea. Complaints were received about crude sewage being on the beaches.

Routine maintenance of sewers cost the Council £705 during the year.

The owners of the Millendreath Holiday Village had their own sewage disposal plant installed. The owners of the village allowed the privately owned houses in the valley to be connected to their system.

Samples of the effluent were taken during the season, two were found to be unsatisfactory, this was traced back to improper operation of the plant and was rectified.

WATER SUPPLY

Water was supplied by the East Cornwall Water Board. An adequate and wholesome supply was maintained at all times.

The Millendreath Holiday Camp installed their own private supply. This supply was tested at regular intervals and found to be satisfactory.

PUBLIC HEALTH

1,260 enquiries were dealt with during the year, six of which required formal notices.

106 applications were made for Building Regulations Approval which necessitated over 500 inspections.

Inspections of holiday accomodation were carried out and only two cases were found where action had to be taken. Generally speaking the standard of holiday accomodation in the town is very good.

The Holiday Village at Millendreath was opened during the year and was inspected regularly, at all times it was found to be most satisfactory.

The one camping site in the district (Tencreek) was inspected regularly and always found to be most satisfactory.

RODENT & PEST CONTROL

A total of 285 inspections and treatments were carried out during the year. The number of inspections increased this year and in a number of cases it was found that rats had built up a certain resistance to Warfarin.

The whole of the town sewers were test baited and necessary treatments carried out.

OFFICES, SHOPS & RAILWAY PREMISES ACT 1963

Premises newly registered during the year:-

Nil

Total number of registered premises at end of year

183

Number of inspections to registered premises during year

128

Persons employed in registered premises at end of year:-

Offices	-	68
Retail Shops	-	318
Wholesale Shops	-	46
Catering Establishments	-	277
Fuel Depots	-	34
Total		743
Total Males	-	291
Total Females	-	452

REFUSE COLLECTION & DISPOSAL

Refuse was disposed of by means of incineration.

The volume of refuse is such during the summer months that over 50% is having to be burned on the tip face. This is a most unsatisfactory process, not only does it give rise to a smoke nuisance, but the refuse is not properly destroyed and consequently encourages rats and flies.

The time is fast approaching when a number of small authorities will have to get together and provide a proper disposal plant.

The Council started a system of Trade refuse collections, this being carried out daily and a reasonable charge was made.

The cost of collection and disposal was approximately £7,500.

FOOD & DRUGS ACT 1955

There were 90 Food Shops and Catering establishments in the district.

318 Inspections were carried out to these premises and it was found that apart from one or two establishments the standard maintained was very good. Ten complaints were received from members of the public about certain establishments but on investigation only three were found to be justified.

Ice cream sampling was carried out regularly and satisfactory results obtained at all times.

J.E. HARVEY

SURVEYOR & PUBLIC HEALTH
INSPECTOR

APPENDIX 1 PRINCIPAL CAUSES OF DEATH - ALL AGES - 1969

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA No. 7
Heart disease	82	71	29	26	28	28	264
Cancer (all sites)	42	46	23	13	16	16	156
Stroke	20	28	14	9	34	12	117
Respiratory disease	23	24	16	5	9	7	84
Circulatory disease	6	3	2	4	4	1	20
Digestive disease	5	7	4	-	-	1	17
Accidents	6	1	6	1	1	-	15
Genito-urinary disease	8	1	-	1	-	-	10

APPENDIX 2 TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1969

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA No. 7
Ischaemic heart disease	58	64	23	19	28	18	210
Other heart disease	10	4	3	5	-	8	30
Hypertensive disease	9	2	2	2	-	2	17
Chronic rheumatic heart disease	5	1	1	-	-	-	7
Cancer of lung and bronchus	4	8	6	3	5	2	28
Cancer of intestine	11	6	1	1	1	3	23
Cancer of stomach	9	4	1	5	-	-	19
Cancer of breast	5	6	2	-	1	3	17
Cancer of uterus	2	2	1	-	1	1	7
Other cancers	11	20	12	4	8	7	62

APPENDIX 3 DEATHS BY AGE GROUPS - 1969

DISTRICT	0 - 4 YEARS	5 - 14 YEARS	15- 44 YEARS	45- 64 YEARS	65- 74 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	6	-	7	37	66	93	209
LISKEARD R.D.	4	-	10	45	55	80	194
SALTASH M.B.	2	-	1	14	37	44	98
TORPOINT U.D.	1	-	3	14	16	30	64
LISKEARD M.B.	1	-	1	8	25	66	101
LOOE U.D.	1	1	2	18	16	30	68
HEALTH AREA NO. 7.	15	1	24	136	215	343	734

APPENDIX 4. TUBERCULOSIS

NEW CASES IN NO. 7 HEALTH AREA - 1969

AGE GROUPS	MALES	FEMALES	PERSONS
0 - 4 years	-	-	-
5 - 14 years	-	-	-
15 - 24 years	1	-	1
25 - 44 years	1	3	4
45 - 64 years	4	-	4
65 years and over	4	-	4
	10	3	13

	MALES	FEMALES	PERSONS
New case rate per 1,000 of population	0.186	0.056	0.242

CASE RATES AND MORTALITY RATES IN COUNTY DISTRICTS IN HEALTH AREA No. 7. - 1969

DISTRICT	NEW CASES	ALL KNOWN CASES	DEATHS
ST. GERMANS R.D.	0.07	1.65	-
LISKEARD R.D.	0.29	1.60	-
SALTASH M.B.	0.45	2.39	-
TORPOINT U.D.	0.32	1.30	-
LISKEARD M.B.	0.20	4.29	-
LOOE U.D.	0.25	2.70	-
HEALTH AREA No. 7.	0.24	2.01	-
CORNWALL COUNTY	0.17	2.33	0.04

APPENDIX 5. CANCER OF THE LUNG AND BRONCHUS

DEATHS BY AGE GROUPS - 1969

AGE GROUPS	MALES	FEMALES	PERSONS
45 - 54 years	1	-	1
55 - 64 years	5	3	8
65 - 74 years	12	1	13
75 years and over	5	1	6
	23	5	28

DEATH RATE PER1,000 OF POPULATION - 1969

	MALES	FEMALES	PERSONS
HEALTH AREA No. 7.	0.428	0.093	0.521
CORNWALL COUNTY	0.433	0.110	0.543
ENGLAND AND WALES	0.506	0.104	0.610

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1969 FOR THE LOOE URBAN DISTRICT IN THE COUNTY OF CORNWALL

Prescribed Particulars of the Administration of the Factories Act 1961

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number On Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities	19	30	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	-	-	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total	19	30	-	-

2- Cases in which DEFECTS were found
(If defects are discovered at the premises on two, three or more seperate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of Cases in which Prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1)	2	2	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-

Particulars	Number of cases in which defects were found.				Number of cases in which Prosecutions were instituted.
	Found	Remedied	Referred		
			to H.M. Inspector	by H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not seperate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out work)	-	-	-	-	-
Total	2	2	-	-	-

PART V111 OF THE ACT

Outwork

(Sections 133 and 134)

No persons are employed in Outwork in the Looe Urban District.